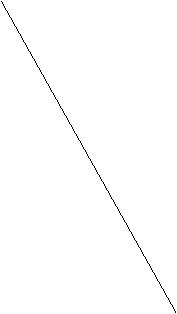
**附件2:**

面试人员健康管理信息承诺书

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | 健康排查（流行病学史筛查） | |  |  |  |
| 情 形 |  |  |  |  |  |  |  |  |  |
|  | | |  | 居住社区21 天内发生疫情  ①是  ②否 | 属于下面哪种情形 | 是否解除医  学隔离观察  ①是  ②否  ③不属于 |  |  |
|  | 28 天内境外旅居地（国家地  区） | 核酸检测  ①阳性  ②阴性  ③不需要 |  |
|  |  | | | ①确诊病例  ②无症状感染者  ③密切接触者  ④密切接触者的密切接触者  ⑤一般接触者  ⑥以上都不是 |  |
|  |  |
|  | 14天内旅居地（省、市、县（市、区）） | | |  |
|  |  |
|  |  |
| 姓 名 |  |
|  |  | |  |
|  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | 健康监测（自考前 14 天起） | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  | 健康码 |  |  | 是否有以下症状 | 如出现以上所列症状， | |  |
|  |  |  |  |  | ①发热②乏力③咳嗽或 |  |
|  | 监测 |  | ①红码 |  |  | 是否排除疑似传染病 | |  |
| 天数 |  | 早体温 | 晚体温 | 打喷嚏④咽痛⑤腹泻⑥ |  |
| 日期 |  | ②黄码 | ①是 | |  |
|  |  |  |  | 呕吐⑦黄疸⑧皮疹⑨结 |  |
|  |  |  | ③绿码 |  |  | ②否 | |  |
|  |  |  |  |  | 膜充血⑩都没有 |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **1** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **11** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **12** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **13** |  |  |  |  |  |  |  |  |  |
| **14** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 考试当天 |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |



本人承诺：以上信息属实，如有虚报、瞒报，愿承担责任及后果。

签字： 身份证号： 联系电话：